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Personal Goal Management Intervention and Mood States in Soccer Academies

Raphaël Laurin and Michel Nicolas
Burgundy University, France

David Lavallee
Aberystwyth University, UK

The aim of this study was to evaluate the effects of a personal goal-based intervention on positive and negative moods among young athletes at a soccer academy. Study participants ($N = 22$) were randomized into either a treatment group, which participated in a personal goal-management program (Bouffard, Labelle, Dubé, & Lapierre, 1999), or a neutral-task control group. Participants' mood states were measured every 3 weeks. Results indicated significant postintervention group differences in positive and negative moods states, with the treatment group reporting higher levels of positive moods and lower levels of negative moods. A significant within-group difference over time was also found for the treatment group, indicating an increase in positive mood states and decrease in negative mood states as the program progressed. Findings from this study are used to inform recommendations for sport psychology interventions that use specific goal management procedures to facilitate positive emotional states among young athletes.

Keywords: athletes, program, adjustment, transition

In sport psychology, interventions usually aim at improving performance through the development of mental skills (Andersen, Van Raalte, & Brewer, 2001). Recently, however, researchers have become interested in ways that psychological interventions can facilitate career transitions, such as the move from amateur to professional status or the termination of a playing career (Miller & Kerr, 2002; Wylleman, Alfermann, & Lavallee, 2004). For example, Lavallee (2005) showed the effects of an intervention that used supportive counseling strategies to assist professional athletes with adjustment to retirement. Similar interventions could be employed at each stage of an athletic career as individuals make necessary adjustments to new environments and social roles. The present study aimed to evaluate

Raphaël Laurin and Michel Nicolas are with the School of Sport Sciences and Physical Education at Burgundy University in France. E-mail: laurin_raphael@yahoo.fr. David Lavallee is with the Department of Exercise and Sport Science at Aberystwyth University in the United Kingdom.

the effects of a psychological intervention on the well-being of young European soccer players as they transitioned from a youth soccer academy sponsored by a professional soccer club to careers outside of professional sport.

In some European countries, especially France, professional soccer clubs manage youth academies to develop young players they consider likely to achieve at the highest level. Soccer academies often recruit players between 14 and 16 years of age and offer them both school education and a soccer development for 3–4 years. For some of these trainees, striking the appropriate balance between school and soccer can be difficult (Brettschneider, 1999). As soccer academies both value excellence in athletic performance and promote intense competition among players in training. At the end of the training program, only 5–10% of these students are offered professional soccer contracts (Collin, 2004). For this reason, the governing bodies responsible for sport encourage soccer academies to prepare trainees for the transition to alternate careers in the event they are not among the select few invited to pursue professional soccer. Researchers have highlighted the importance of preparing athletes for such important transitions (Grove, Lavallee, Gordon, & Harvey, 1998; Webb, Nasco, Riley, & Headrick, 1998). Indeed, stopping or reorienting one's career is a major challenge faced by young, high-level athletes (Wylleman et al., 2004) because it involves a significant life change that transforms their social and physical worlds, including changes in roles, relationships, and daily routines (Kim & Moen, 2001). These transitions can also have an impact on an athlete's psychological well-being (Kim & Moen, 2001; Stéphan, Bilard, Ninot, & Delignères, 2003).

Well-being has been defined as a fluctuating affective state (Fujita & Diener, 2005) involving the presence of positive affective states and the absence of negative affective states (Diener, Lucas, & Oishi, 2002; Lent, 2004). In the health domain, the *Profile of Moods States* is frequently used to measure well-being (e.g., Chamove & Soeterick, 2006; Sonnaville et al., 1998; Van der Does et al., 1996), although well-being is best construed as the cumulative effect of a series of mood states. According to McNair, Lorr, and Droppleman (1992), moods are mild, pervasive, and generalized affective states that are perceived subjectively by individuals. They are relatively long-term states, lasting for hours, days, or even weeks rather than minutes or seconds. In addition, moods often build up gradually as a result of many experiences, in contrast with emotions, which are often caused by a single stimulus (Ekman, 1994; Parkinson, Totterdell, Briner, & Reynolds, 1996). Thus, a sense of well-being develops as a result of reflection on a series of positive mood states interspersed with relatively few negative mood states. Literature on personal striving and goal attainment indicates that well-being can be enhanced when individuals are able to pursue distinct personal goals in ways that are intrinsically valued and autonomously chosen (Bouffard, Labelle, Dubé, & Lapierre, 1999; Cantor & Sanderson, 1998; Emmons, 1996).

Goal-setting and personal goal management programs (PGMP) are two techniques that psychologists commonly use to facilitate the elaboration of individual goals. These interventions share the theoretical assumption that goals are the most immediate regulators of human behavior (Locke & Latham, 1990), yet they differ in the way they conceptualize goals and measure their effects. Goal setting is a technique typically used to improve the performance and persistence of an individual

(Famose, Sarrazin, & Cury, 1999). In this technique, the psychologist and athlete generally meet to agree on specific performance goals and devise a plan to reach such goals. Later, the psychologist and athlete meet again to review the athlete's behavior, assess whether the goal has been met and if not, ascertain what might be needed to facilitate meeting the goal. In PGMP, by contrast, the intervention aims to promote the emergence of selected goals in an autonomous way, having an intrinsic value for the individual. PGMP, unlike goal setting, strives to consider and articulate goals relevant to *all* of the athlete's activities, instead of simply focusing on his or her performance in a particular behavioral domain. In this respect, PGMP centers on the whole person rather than a specific behavior. Finally, PGMP distinguishes various phases of goal realization and proposes a framework for facilitating involvement at each phase. As such, the individual-centered approach and broad application of PGMP make it ideal for working with athletes who are transitioning from one environment (or one phase of their career) to another.

The PGMP approach proposes four specific steps in the development of personal goals: (a) elaboration, (b) planning, (c) pursuit, and (d) evaluation (Gollwitzer, 1993; Nuttin, 1985). In the current study, only the two first steps were used (elaboration and planning). The *elaboration* of personal goals is the psychological activity that establishes personal motivation based on fulfillment of fundamental psychological needs, such as competence and autonomy (Nuttin, 1985). These fundamental needs are defined within the constraints and opportunities of the individual's social and cultural environment (Cantor & Sanderson, 1998). During the elaboration process, participants are invited to create an inventory of their aspirations, clarify them, select priorities, and formulate precise behaviors that could lead to the attainment of these aspirations. Researchers have demonstrated that the process of elaboration is associated with an increase in happiness (Bouffard, Bastin, Lapierre, & Dubé, 2001) and decrease in both depression (Emmons, 1986) and anxiety (Hosen, 1990).

Planning is the second step in the development of personal goals, according to the PGMP approach. Planning is a psychological process that prepares the individual for action (Tubbs & Ekeberg, 1991). Different possible action strategies are mobilized through (a) exploration of possible options, (b) search for potential means for implementing these options, (c) specification of the stages involved in attaining the goal, (d) identification of necessary skills, and (e) prediction of potential difficulties (Cantor & Fleeson, 1994). During the planning process, individuals are invited to envision in a detailed way the actions they will need to carry out while also anticipating the obstacles that could interfere and strategies for overcoming these obstacles. Studies have shown the beneficial influence of strategies developed during planning, such as the resolution of anticipated problems and reduction of anxiety about necessary tasks (D'Zurilla & Chang, 1995).

The PGMP approach to life transitions has been used with a variety of populations outside of sport, including university students starting their first year (Bouffard et al., 2001) and people recently retired from their professional activities (Bouffard, Dubé, Lapierre, & Bastin, 1996; Dubé, Lapierre, Bouffard, & Labelle, 2000). As Bouffard and colleagues (2001) suggested, PGMP is an appropriate intervention for facilitating transitions, and it can be used with people of varying ages experiencing a range of different life transitions.

Based on the above information, for this study, it was hypothesized that athletes taking part in the elaboration and planning processes of PGMP would report a decrease in negative mood states and an increase in positive mood states. Few studies within sport psychology have measured the process by which an intervention produces its effects. For this reason, the current study employed a repeated measures design that allowed for evaluation of mood states at each phase of the PGMP approach.

Method

Participants

Twenty-two male trainees (mean age = 17.5, *SD* = 0.8) attending the same soccer academy participated in the study. All were members of soccer teams taking part in the French national championship in their age category. At the time of the study, all participants had been trainees at the soccer academy for either 3 or 4 years, all were in the last year of their training program, and at the end of the year, each would learn whether he had the possibility of signing a professional soccer contract. Twenty-six athletes were initially invited to take part in either a treatment group or neutral-task control group. Four declined to participate. The 22 who agreed to participate were randomly allocated to one 11-player treatment group (mean age = 17.4, *SD* = 0.75) and one 11-player control group (mean age = 17.6, *SD* = 0.85). The study was approved by the appropriate institutional review board, and all participants provided informed consent before participating.

Measures

Mood states were evaluated using the *Profile of Mood State*s (POMS; McNair et al., 1992), validated in French by Cayrou, Dickes, and Dolbeault (2003). The POMS is a self-evaluation questionnaire composed of 65 adjectives. Each item is rated according to intensity from 0 (*lowest intensity*) to 4 (*highest intensity*). Participants were instructed to evaluate the way they experienced the feelings described by the adjectives *in the preceding 4 or 5 days.* The POMS assesses five negative moods (anger, confusion, depression, fatigue, and tension) and one positive mood (vigor). According to Terry, Lane, Lane, and Keohane (1999), the POMS defines these emotional states as follows:

> *Anger* is typified by feelings that vary in intensity from mild annoyance or aggravation to fury and rage. *Confusion* is proposed to be a feeling state characterized by bewilderment and uncertainty, associated with a general failure to control attention and emotions. *Depression* is associated with a negative self-schema characterized by themes such as hopelessness, personal deficiency, worthlessness, and self-blame. *Fatigue* is typified by feelings of mental and physical tiredness. *Tension* is typified by feelings such as nervousness, apprehension, worry and anxiety, and *Vigor* is typified by feelings of excitement, alertness and physical energy. (p. 863)

In this study, the internal consistency (Cronbach's alpha) of the POMS was found to be 0.78 for Anger, 0.83 for Confusion, 0.81 for Depression, 0.79 for Fatigue, 0.88 for Tension, and 0.86 for Vigor.

Procedure

Participants met together in a room with their trainer and the first author at the start of the study. It was explained that the study aim would evaluate effects of techniques used in specific interventions. After an initial opportunity to ask questions about the nature of the interventions, the participants were asked to refrain from discussing the study with each other. They were then randomly assigned to either the treatment group or the neutral-task control group. Participants did not know the experimental status of the group to which they belonged.

In accordance with an agreement made with the soccer academy, the interventions and evaluations commenced in the middle of the competitive season, which begins in September and ends in June. From early January to the end of May, individual treatment sessions were conducted at the soccer academy once every 3 weeks. Treatment sessions were consistently scheduled at the beginning of the week, and the same consultant led both treatment-group and control-group sessions. In addition, a total of six assessments were conducted at 3-week intervals. One assessment was completed prior to intervention, one post intervention, and four at intermediary points during the intervention. Assessments were consistently scheduled on Fridays, and participants from both groups were measured in the same room at the same time. Intervention and assessment times are detailed in Figure 1. At the conclusion of the intervention, two participants in the treatment group and three in the control group signed professional soccer contracts.

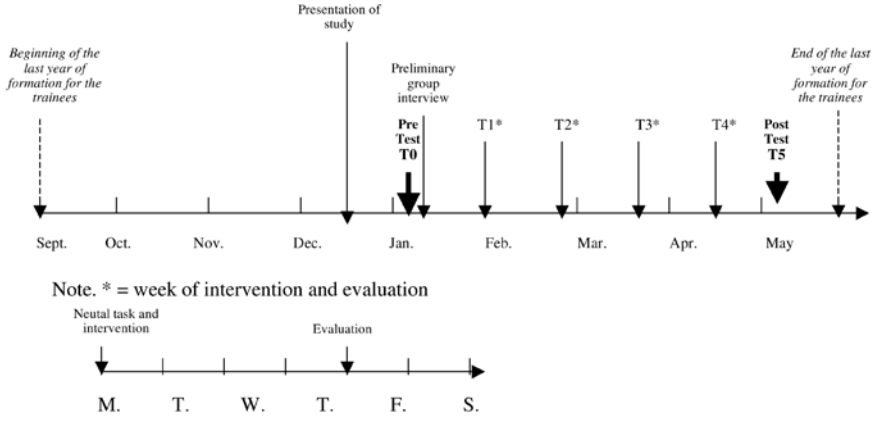

Figure 1 — Temporal representation of the study.

Table 1 Personal Goal Management Program: Objectives and Contents of Interviews

Stages	Interviews	Objectives	Main Themes
Preliminary	1 Group	• To present the objectives and the process of the intervention • To foster debate among trainees regarding their future at the soccer training center	• Doubts concerning future soccer career (e.g., injuries, exclusion, competition) • Doubts concerning relative priority of soccer and school
Elaboration of Goals	2 Individual	• To examine personal skills of each trainee in the fields of school and sports	• Learning that stems from soccer training (e.g., technical, tactical, and physical know-how; social behavior) • Knowledge derived from preferred school subjects
	3 Individual	• To examine opportunities and constraints stemming from trainee's skills and environment • To sensitize trainee to value and process of goal setting	• Academic possibilities relevant to trainee's preferences and skill level • Alternative soccer club opportunities adapted to trainee's potential
Planning of Goals	4 Individual	• To review chosen goals, different means to achieve them, and difficulties that could arise • To promote planning, including discussion of means, anticipated obstacles, possible strategies, time required, etc.	•Expression of priority given to soccer and school • Reflection on preparation for school tests and recruitment opportunities • Methods of gathering information regarding clubs, schools, paths, jobs, etc. • First results of their research.
	5 Individual	• To review or strengthen established goals • To solidity commitment to pursue these goals • To assess the intervention	• Progress in the preparation for school tests • Affirmation of trainee's belief in goals • Expression of personal opinions regarding the intervention

Note. Adapted from Bouffard, Labelle, Dubé, & Lapierre (1999).

Intervention

Treatment Group Tasks. Every participant in the treatment group received the same intervention. The content of the intervention was an adaptation of the PGMP approach (Bouffard et al., 1999). In this study, only the preliminary, elaboration, and planning stages of the full PGMP model were employed (see Table 1). Departure of the large majority of the players at the end of the year prevented engagement in the pursuit and evaluation stages. Although the PGMP is generally applied in a small group format (3–4 participants), this study used an individual intervention format for several reasons. First, the group format was difficult to arrange given the competitive dynamic between trainees. Second, in this specific environment, it was useful to frame treatment as an "accompaniment" to training throughout the season, and for this reason, an individual intervention format seemed more appropriate.

With the exception of these alterations, the structure of the PGMP intervention was respected. The framework used was a 4-month intervention, including a preliminary group interview and four 1-hour, face-to-face individual interviews that took place in a room at the soccer academy. The objectives of the intervention were presented during the preliminary interview, and a discussion among trainees with regard to their future in professional soccer was arranged. Trainees were asked to prepare for the first individual session by thinking about their future following their departure from the soccer academy. Each individual session employed a semistructured intervention style, which directed the participant to focus on the anticipation of his departure.

With regard to the elaboration segment of the intervention, the participant was asked to focus on his personal opportunities and constraints, as well as on his perceptions of his personal skills (e.g., knowledge, know-how, and behavior) and motivation in soccer and school activities. As suggested by Brettschneider (1999), the principal difficulty facing this population is to balance these two activities: sport and academics. The first session asked the athlete to consider his skills and motivation. The second session was designed to help him adjust his skills and motivation according to the constraints and opportunities presented in his sport environment should he not be offered a professional contract. Three principal possibilities could be imagined: (a) attempting to sign a contract with a different professional club, (b) playing for an amateur club that could offer a job as an educator or trainer, and (c) pursuing higher education.

During the planning segment of the intervention, the consultant encouraged the participant to clarify his goals and define means to achieve them. The specific goals included identifying organizations of interest to the trainee (e.g., professional or amateur clubs, universities). Outcome expectations were then defined, followed by a discussion of the inherent difficulties in this process (i.e., the challenge of remaining involved in school and soccer activities while at the same time, pursuing possible future opportunities).

During the elaboration segment of the intervention, the consultant used several verbal interventions, including reformulation, questioning, and reiteration to support the expression and clarification of goals. During the planning segment, however, the consultant was more directive. To facilitate the development of strategies that would allow realization of goals, the consultant used problem-solving techniques that required the participant to generate and evaluate potential strategies.

Throughout the intervention, the PMPG framework used individual sessions to access subjective information (e.g., mood, motivation, experience) relevant to the process being studied. In addition, participants in the intervention were kept informed of the following: (a) the goal of the program (i.e., to anticipate and prepare for departure from the soccer academy), (b) the type of relationship between the consultant and the trainee (i.e., collaboration), (c) the duration of collaboration (i.e., four individual sessions at the frequency of one every 3 weeks), and (d) the method (to allow a time to elaborate and plan personal goals). Finally, the fundamental principles of the individual sessions were respected, including confidentiality, benevolence, neutrality, and empathy. These principles are in keeping with a person-centered approach to the clinical interview (Rogers, 1942) and are designed to result in creation of a confidential and open dialog between participant and consultant.

Control Group Tasks. The neutral-task control group participated in four group meetings during the study. These meetings lasted approximately one hour each. The goal was to offer these participants a time to discuss and analyze the quality of their collective and individual performances. Each participant was invited to offer his opinion on the quality of the performance of his team, the performance of his opponent, and his own performance. The consultant's role was to serve as a moderator for the discussion. Participants in this group did not discuss career-related goals during these sessions.

Data Analysis

An effect size was calculated for each variable by applying the procedure suggested by Cohen (1988), which makes it possible to evaluate the effect of an intervention independent of small sample size and low statistical power. This procedure was used to evaluate both within- and between-group differences. Cohen defines effect sizes as *small* ($d = 0.2$), *medium* ($d = 0.5$), and *large* ($d = 0.8$; Cohen's $d = M_1 - M_2 / s_{pooled}$ where $s_{pooled} = \sqrt{[(s_1^2 + s_2^2) / 2]}$).

Repeated measures analyses of variance, with Bonferroni correction, were conducted in which the POMS scales were the dependent measures, time administered was a repeated measures independent variable (with six assessment times), and the two group conditions (treatment and control) were between-group independent variables. Before this analysis, scores were tested to see if they were normally distributed. The Lilliefors test was used on each group of data (6 variables × 6 times × 2 groups). Except for only one group of data, all results were satisfactory. In addition, posthoc comparisons using the Newman-Keuls method were conducted when statistical significance was obtained.

Results

It was hypothesized that treatment and control groups would differ on each mood state between pre and posttreatment. Consistent with this hypothesis, a significant group × time effect was found for Depression, $F(5, 100) = 3.58$, $p = 0.003$, Tension, $F(5, 100) = 2.87$, $p = 0.01$, and Fatigue, $F(5, 100) = 4.92$, $p < 0.001$. With an alpha level fixed at $p < .008$ (0.05 / 6 variables), the effect was still found to be significant on the Depression and Fatigue subscales.

Effect size estimates for within-group differences in negative mood scores revealed a strong diminution in the treatment group between pre and posttest, and either no change or an increase in negative mood scores for the control group. In contrast, the mean score on Vigor increased between pre and posttest for the treatment group and remained stable in the control group. In the treatment group, a Newman-Keuls test revealed that scores decreased between T0 and T2 ($p < 0.05$) and T5 ($p < 0.05$) for Tension, between T0 and T1 ($p < 0.01$), T4 ($p < 0.05$) and T5 ($p < 0.05$) for Depression, and between T0 and T4 ($p < 0.05$) and T5 ($p < 0.01$) for Fatigue. In the control group, scores increased between T0 and T4 ($p < 0.01$) and T5 ($p < 0.01$) for the Depression and Fatigue scales. Results are presented in Table 2.

Discussion

The principal aim of this study was to evaluate how participation in a PGMP program would affect soccer trainees' results on a measure of well-being, a psychological phenomenon that involves the general presence of positive mood states, and the general absence of negative mood states (Diener et al., 2002). In accordance with previous research involving retired workers (Dubé et al., 2000) and students (Bouffard et al., 2001), results of this study offer support for the efficacy of PGMP for people undergoing a life transition. As hypothesized, between pretest and posttest, trainees who participated in PGMP obtained lower scores on scales assessing negative mood states, demonstrating substantial decreases (large effect sizes) following the intervention. A neutral-task control group, by comparison, obtained either stable or increased scores on scales assessing negative mood states.

A large difference between the two groups with regard to the level of Depression was identified. Depression scores steadily increased for the control group and decreased for the treatment group. These results were expected given the well-known relationship between goal-directed activity and mood. As Lane, Terry, Beedie, Curry, and Clark (2001) have shown in research with a student population, depression levels and goal quality are closely linked phenomena. The more an individual pursues interesting, valued, and feasible goals, the more likely it is that his or her depression level will be low (Brickman & Coates, 1987; Csikszentmihalyi, 1990).

A second aim of this study was to evaluate the influence of each phase of the intervention on trainees' well-being. After the first session, an increase was noticed in the well-being of the treatment group along with a decline in the well-being of the control group. An opposite trend was detected, however, after the second session. These findings presumably relate to the content of the first and second treatment sessions. The first treatment session focused on the definition of each trainee's competence, and it mobilized cognitive activity toward the perception of attractive activities. The second session, however, considered personal and environmental constraints that arose during efforts to elaborate goals. As Pearson and Petitpas (1990) and Lavallee (2005) suggest, widening athletes' list of possible activities can increase their sense of well-being, and this is likely to account for the effect seen after session one. Confronting the reality of obstacles in session two, however, may have required participants to face both their own perceived limits and limits imposed by their environments. In addition, they would have to acknowledge the difficulties inherent in making choices.

Table 2 Means, Standard Deviations, and Effect Sizes for POMS Variables

Variables	T0	T1	T2	T3	T4	T5	
Tension							E.S. (Intra)
T.G.	9.86 (3.38)	8.54 (3.44)	6.72 (3.22)	7.54 (3.10)	8.36 (3.31)	6.45 (2.5)	-1.15
C.G.	5.84 (3.05)	6.63 (3.8)	6 (3.4)	5.83 (2.74)	7.64 (3.58)	7.45 (2.32)	0.59
E. S. (Inter)	1.24					- 0.41	
Depression							E.S. (Intra)
T.G.	8.54 (3.02)	5.36 (3.12)	8.72 (3.25)	8.45 (3.01)	6.81 (2.93)	6.36 (2.54)	-0.78
C.G.	4.68 (3.12)	5.37 (3.52)	3 (2.63)	4.72 (3.21)	8.09 (3.02)	6.54 (2.84)	0.62
E. S. (Inter)	1.26					-0.06	
Hostility							E.S. (Intra)
T.G.	12.7 (2.75)	9.45 (3.03)	8.9 (2.87)	11.27 (3.17)	10.27 (3)	9 (2.67)	-1.35
C.G.	8.70 (2.97)	9.45 (2.45)	6.54 (3.02)	6.09 (2.35)	10.63 (3.11)	8.54 (2.88)	-0.05
E. S. (Inter)	1.35					0.16	
Vigor							E.S. (Intra)
T.G.	15.1 (3.09)	15.6 (2.98)	15.4 (4.43)	14.7 (3.74)	15.7 (3.34)	18 (3.79)	0.83
C.G.	14.6 (3.12)	14 (2.88)	14.9 (3.65)	14.2 (3.97)	13.9 (3.87)	14.7 (3.54)	0.03
E. S. (Inter)	0.16					0.93	
Fatigue							E.S. (Intra)
T.G.	8.34 (2.93)	5.82 (2.57)	7.54 (3)	8 (3.03)	6 (2.79)	6 (2.95)	-0.8
C.G.	4.25 (2.89)	4.82 (2.03)	4 (2.23)	4.9 (2.45)	6.27 (2.24)	6.82 (2.84)	0.89
E. S. (Inter)	1.41					-0.29	
Confusion							E.S. (Intra)
T.G.	7.73 (2.84)	6 (2.75)	5.45 (2.65)	6.27 (3)	6.27 (2.68)	4.45 (2.67)	-1.19
C.G.	5.97 (2.88)	6.27 (2.45)	4.63 (2.23)	4.82 (2.67)	6.1 (2.83)	5.82 (2.56)	-0.05
E. S. (Inter)	0.61					-0.53	

Note. P.G. = Treatment Group; C.G. = Control Group; E.S. (Intra) = Effect Size (Intra Group); E.S.(Inter) = Effect Size (Inter Groups).

Limitations

The present investigation has several limitations. Methodologically, the small size of the sample warrants caution when interpreting the results. Moreover, several variables were not controlled despite the inclusion of a control group. At a situational level, the average playing time of each trainee was a criterion of achievement likely to influence perceptions of competence (Williams & Reilly, 2000). This potential factor was not considered in this study. At an interpersonal level, some studies have highlighted the effect of the manager's leadership style on a subordinate's well-being (McColl-Kennedy & Anderson, 2005), but this information was not available for inclusion in this study. It would have been interesting to assess and control for the quality of the interpersonal relationship between specific participants and their coach. In addition, this study did not measure the maintenance of the effects observed over time. Commitment to personal goals enhances well-being as soon as the individual is able to effectively regulate his goal-directed behavior (Brandstädter & Renner, 1990; Ruehlman & Wolchik, 1988). Therefore, a follow-up evaluation at least 6 months postintervention, when participants would have had an opportunity to act on their plans, would have been interesting. The unavailability of participants, however, prevented us from conducting such a follow-up. Finally, there is no way to ensure that treatment gains were due to active elements of the PGMP intervention, as opposed to nonspecific effects of a sound therapeutic relationship. Future studies could compare PGMP to an alternative active treatment to evaluate this possibility.

Conclusion

In terms of clinical implications, the framework proposed in the PGMP is different from those usually proposed in sport, such as traditional goal-setting (in the cognitive-behavioral tradition; Locke & Latham, 1985) or ego-restructuring (in psychoanalytic tradition; Carrier, 1993; Hanna, 1993). By providing a framework to determine the individual's means to achieve valued goals, PGMP enables practitioners to do more than simply foster the emergence of personal desires (goals). In fact, the PGMP can help young athletes go beyond the influence of their organizational or situational context by supporting autonomous problem-solving behavior. The PGMP intervention seems promising for practitioners seeking to support young athletes during transitional periods. Since training academies exist in many sports, it would be interesting for future studies to adapt and test this program for other athletes in transition.

References

Andersen, M.B., Van Raalte, J.L., & Brewer, B.W. (2001). Sport psychology service delivery: Staying ethical while keeping loose. *Professional Psychology, Research and Practice, 32,* 12–18.

Brandstädter, J., & Renner, G. (1990). Tenacious goal pursuit and flexible goal adjustment: Explication and age-related analysis of assimilative and accommodative strategies. *Psychology and Aging, 5,* 58–67.

Bouffard, L., Bastin, E., Lapierre, S., & Dubé, M. (2001). La gestion des buts personnels, un apprentissage significatif pour des étudiants universitaires [The personal goals management, a significant training for university students]. *Revue des Sciences de l'Education, 27,* 503–522.

Bouffard, L., Dubé, M., Lapierre, S., & Bastin, E. (1996). Le bien-être psychologique des personnes âgées par la poursuite des buts personnels [Psychological well-being of old people by the pursuit of the personal goals]. *Revue Québécoise de Psychologie, 17,* 115–135.

Bouffard, L., Labelle, R., Dubé, M., & Lapierre, S. (1999). La gestion des buts personnels. Programme d'intervention visant l'amélioration du bien-être psychologique [The personal goals management: Program intervention aiming at the improvement of the psychological well-being]. Université du Québec à Trois-Rivières.

Brettschneider, W.D. (1999). Risks and opportunities: Adolescents in top level sport - growing up with the pressures of school and training. *European Physical Education Review, 5,* 121–133.

Brickman, P., & Coates, D. (1987). Commitment and mental health. In P. Brickman (Ed.), *Commitment, conflict and caring* (pp. 222-309). Englewood Cliffs, NJ: Prentice-Hall.

Cantor, N., & Fleeson, W. (1994). Social intelligence and intelligent goal pursuit: A cognitive slice of motivation. In W.D. Spaulding (Ed.), *Integrative views of motivation, cognition and emotion* (pp. 125-179). Lincoln, NB: University of Nebraska Press.

Cantor, N., & Sanderson, C.A. (1998). Social dating goals and the regulation of adolescent dating relationships and sexual behaviour: The interaction of goals, strategies and situations. In J. Heckhausen & C. Dweck (Eds.), *Motivation and self-regulation across the life span* (pp. 185-215). New York: Cambridge University Press.

Carrier, C. (1993). *Les risques identitaires de l'adolescent champion*. Paris: Editions I.N.S.E.P.

Cayrou, S., Dickes, P., & Dolbeault, T.S. (2003). Version française du Profile Of Mood States (POMS). *Journal de Thérapie Comportementale et Cognitive, 13,* 83–88.

Chamove, A.S., & Soeterick, S.M. (2006). Grief in returning sojourners. *Journal of the Social Sciences, 13,* 215–220.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Earlbaum Associates.

Collin, Y. (2004). *Quels arbitrages pour le football professionnel? Les problèmes liés au développement économique du soccer professionnel.* [What arbitrations for the professional soccer? The problems connected to the econimic development of the professional soccer]. Rapport d'information n°336 de la délégation du Sénat de la République Française.

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper & Row.

Diener, E., Lucas, R.E., & Oishi, S. (2002). Subjective well-being: The science of happiness and life satisfaction. In C.R. Snyder, & S.J. Lopez (Eds.), *Handbook of positive psychology* (pp. 63-73). New York: Oxford University Press.

Dubé, M., Lapierre, S., Bouffard, L., & Labelle, R. (2000). Le bien être psychologique par la gestion des buts personnels: Une intervention de groupe auprès de retraités [Psychological well-being by personal goals management: A group intervention for retired persons]. *Revue Québécoise de Psychologie, 21,* 255–280.

D'Zurilla, T.J., & Chang, E.C. (1995). The relationship between problem solving and coping. *Cognitive Therapy and Research, 19,* 547–562.

Emmons, R.A. (1986). Personal strivings: An approach to personality and subjective well-being. *Journal of Personality and Social Psychology, 51,* 1058–1068.

Emmons, R.A. (1996). Striving and feeling: Personal goals and subjective well-being. In P. Gollwitzer & J.A. Bargh (Eds.), *The psychology of action* (pp. 313-337). New York: Guilford.

Ekman, P. (1994). Moods, emotions, and traits. In P. Ekman & R. J. Davidson (Eds.), *The nature of emotion: Fundamental questions* (pp. 56-58). New York: Oxford University Press.

Famose, J.P., Sarrazin, P., & Cury, F. (1999). La fixation de but: Une technique pour surmonter l'anxiété et augmenter la confiance en soi [Goal setting: A technique to overcome anxiety and increase self-confidence]. In C. Le Scanff, & J.P. Famose (Eds.), *La gestion du stress, entraînement et compétition* (pp. 26-46). Paris: Edition Revue EPS.

Fujita, F., & Diener, E. (2005). Life satisfaction set point: Stability and change. *Journal of Personality and Social Psychology, 88,* 158–164.

Gollwitzer, P. (1993). Goal achievement: The role of intentions. In W. Stroebe & M. Hewstone (Eds.), *European review of social psychology* (pp. 141-185). Chichester: Wiley.

Grove, J.R., Lavallee, D., Gordon, S., & Harvey, J.H. (1998). Account-making: A model for understanding and resolving distressful reactions to retirement from sport. *The Sport Psychologist, 12,* 52–67.

Hanna, E.A. (1993). The psychodynamically oriented clinical social worker as sport consultant: A preliminary report. *Clinical Social Work Journal, 21,* 283–300.

Hosen, R. (1990). Strategies for enhancing psychological well-being. *Psychology, a Journal of Human Behavior, 27*, 20-29.

Kim, J.E., & Moen, P. (2001). Is retirement good or bad for subjective well-being? *Current Directions in Psychological Science, 10,* 83–86.

Lane, A.M., Terry, P.C., Beedie, C.J., Curry, D.A., & Clark, N. (2001). Mood and performance: Test of a conceptual model with a focus on depressed mood. *Personality and Individual Differences, 39,* 143–153.

Lavallee, D. (2005). The effect of a life development intervention on career transition adjustment in recently retired professional athletes. *The Sport Psychologist, 19,* 193–202.

Lent, R.W. (2004). Toward a unifying theoretical and practical perspective on well-being and psychosocial adjustment. *Journal of Counseling Psychology, 51,* 482–509.

Locke, E., & Latham, G. (1985). The application of goal setting to sports. *Journal of Sport Psychology, 7,* 205–222.

Locke, E., & Latham, G. (1990). *A theory of goal setting and task performance*, Englewood Cliffs, NJ: Prentice Hall.

McColl-Kennedy, J.R., & Anderson, R.D. (2005). Subordinate-manager gender combination and perceived leadership style influence on emotions, self-esteem, and organizational commitment. *Journal of Business Research, 58,* 115–125.

McNair, D.M., Lorr, M., & Droppleman, L.F. (1992). *Revised manual for the Profile of Mood States*. San Diego, CA: Educational and Industrial Testing Services.

Miller, P.S., & Kerr, G.A. (2002). Conceptualizing excellence: Past, present, and future. *Journal of Applied Sport Psychology, 14,* 140–153.

Nuttin, J.R. (1985). *Théorie de la motivation humaine*. Paris: P.U.F.

Parkinson, B., Totterdell, P., Briner, R.B., & Reynolds, S. (1996). *Changing moods: The psychology of mood and mood regulation*. London: Longman.

Pearson, R., & Petitpas, A.J. (1990). Transitions of athletes: Developmental and preventive perspectives. *Journal of Counseling and Development, 69,* 7–10.

Rogers, C.R. (1942). *Counseling and psychotherapy*. Boston: Houghton Mifflin.

Ruehlman, S.L., & Wolchik, S.A. (1988). Personal goals and interpersonal support and hindrance as factors in psychological distress and well-being. *Journal of Personality and Social Psychology, 55,* 293–301.

Sonnaville, J.J., Snoek, F.J., Colly, F.P., Deville, W., Wijkel, D., & Heine, R.J. (1998). Well-being and symptoms in relation to insulin therapy in type 2 diabetes. *Diabetes Care, 21,* 919–924.

Stéphan, Y., Bilard, J., Ninot, G., & Delignères, D. (2003). Repercussions of transition out of elite sport on subjective well-being: A one-year-study. *Journal of Applied Sport Psychology, 15,* 354–371.

Terry, P.C., Lane, A.M., Lane, H.J., & Keohane, L. (1999). Development and validation of a mood measure for adolescents. *Journal of Sports Sciences, 17,* 861–872.

Tubbs, M.E., & Ekeberg, S.E. (1991). The role of intentions in work motivation: Implications for goal-setting theory and research. *Academy of Management Review, 16,* 180–199.

Van der Does, F.E., De Neeling, J.N., Snoek, F.J., Kostense, P.J., Grootenhuis, P.A., Bouter, L.M., et al. (1996). Symptoms and well-being in relation to glycemic control in type II diabetes. *Diabetes Care, 19,* 204–210.

Webb, W.M., Nasco, S.A., Riley, S., & Headrick, B. (1998). Athlete identity and reactions to retirement from sport. *Journal of Sport Behavior, 21,* 338–362.

Williams, A.M., & Reilly, T. (2000). Talent identification and development in soccer. *Journal of Sports Sciences, 18,* 657–667.

Wylleman, P., Alfermann, D., & Lavallee, D. (2004). Career transitions in sport: European perspectives. *Psychology of Sport and Exercise, 5,* 7–20.